

For your



Commonwealth of Massachusetts
Group Insurance Commission

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Connection

BENEFIT

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Deval Patrick, Governor

Thomas A. Shields, Chair

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GROUP INSURANCE COMMISSION

*Providing State and Participating
Community Employees, Retirees,
and Their Dependents with Access
to Quality Care at
Reasonable Costs*

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New Premium Rates

**for State Employees
who file for retirement
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Sheriffs Departments, Transportation Agencies Join GIC

The GIC will be welcoming over 18,000 new members as the result of recent legislation that streamlined transportation agencies and folded Sheriffs departments from seven counties into the state. The several transportation agencies will be coming in at various times over the next six to eight months. Sheriffs departments employees and retirees are joining effective February 1, 2010.

This enrollment represents a big expansion of the GIC, which already covered 185,000 state and certain municipal members and over 300,000 lives prior to the legislation. The GIC continues to lead other employers in holding health care costs in check while also making strides in improving quality. Both the Governor and the Legislature have expressed their confidence in the GIC's ability to help tackle exploding health care costs while providing comprehensive benefits.

This expansion takes place with limited resources and the GIC is working hard to make the transition as smooth as possible. Communication materials for the new groups are being produced and distributed, but many employees and retirees will have a very short window of time to make their benefit decisions. Like all members, these employees and retirees may change their health plan during the spring annual enrollment if they are dissatisfied with their selection. New agency employees and retirees will be eligible for health, life and other benefits available to state employees and retirees.

Welcome to new employees, retirees and their dependents of the following groups!

Massachusetts Department of Transportation:

MBTA (Massachusetts Bay Transportation Authority)
Massachusetts Turnpike Authority
Massport Tobin Bridge

County Sheriffs Departments from the following counties:

Barnstable	Norfolk
Bristol	Plymouth
Dukes	Suffolk
Nantucket	



Voluntary Retirement Incentive for State Employees Includes New Premium Rates for Employees Who File for Retirement After October 1, 2009

Legislation signed by Governor Deval Patrick in August includes a health care contribution program for state employees. Chapter 65 of the Acts of 2009 offers state employees who file for retirement after August 7 and no later than October 1, 2009, with a retirement date no later than January 31, 2010, a premium contribution for GIC basic life and health insurance of 15%. Employees who file an application for retirement after October 1, 2009, will pay 20% of the premium. Employees participating in the program must agree to receive payment of accrued vacation time and unused sick leave in four installments over the course of two and a half years, unless collective bargaining agreements pro-

vide otherwise. State retirees who filed for retirement prior to October 2, 2009, and who have retired on or before January 31, 2010, will continue to pay 15% of the basic life and health insurance premium. Like all GIC premium contributions for state enrollees, rates are subject to change as part of future Appropriation Acts (*see related article below*).

New premium contributions at the 20% rate will be posted on the GIC's website (mass.gov/gic). For additional information about retirement options, contact the State Board of Retirement: 1-617-367-7770; mass.gov/retirement.



State Employees See Two Premium Increases For First Time Since Summer of 2003

State employees ended up with two premium increases this summer – one for annual premium rate increases that go into effect after the GIC has negotiated rates with its health plan vendors, and the other as the result of the Legislature's premium percentage increase. The last time the legislature changed the premium percentage for state employees was in the summer of 2003, another year of tight budget constraints, as part of the FY04 Appropriation Act.

Usually GIC members only have one premium change, which reflects the rate increases negotiated between the GIC and its health plans. This year, because of the state's fiscal crisis, the legislature changed the premium contribution split. This was then signed into law by the Governor as part of the FY10 Appropriation Act, and the new contribution percentage split went into effect August 1, 2009. State employees who paid 20% of the basic life and health insurance premium (if they were hired after June 30, 2003) now pay 25%; those who paid 15% (if they were hired on or before June 30, 2003) now pay 20%.

The GIC has heard from some employees who were unhappy with this change. However, as state employees themselves, GIC staff has a personal stake in making every effort to keep costs for members and the Commonwealth as low as possible. We were pleased to be able to negotiate a modest 3.19% premium increase for FY10, which is much lower than many employers have achieved. With a FY10 Appropriation of \$1.4 billion, the GIC's budget is formidable and the GIC needs to do its part in solving the state's fiscal crisis. Compounding this challenge are rapidly escalating health care costs, which, for anyone who reads the paper or watches the news knows, is a problem that is in the forefront of policy debate nationally. All of us are sharing the burden of these increased costs. The GIC will continue its efforts to rein in health care costs and improve health care quality at the same time.



State Employees Save Money with GIC Flexible Spending Accounts Open Enrollment October 5 – November 13 Higher HCSA Maximum! Lower Fee! New Vendor!

Open enrollment time is here for the GIC's money-saving Flexible Spending Accounts (FSAs) – the Health Care Spending Account (HCSA) and the Dependent Care Assistance Program (DCAP). Enroll anytime between Monday, October 5 and Friday, November 13 for calendar year benefits effective January 1, 2010. ***Current participants MUST re-enroll to receive benefits in 2010.***

Health Care Spending Account (HCSA)

If you are an active state employee eligible for GIC benefits, you are eligible for HCSA, which allows you to pay your out-of-pocket medical expenses on a pre-tax basis:

- ◆ Physician office visit and prescription drug co-pays
- ◆ Orthodontia and dental expenses not covered by your dental plan
- ◆ Eye wear and exams not covered by your vision plan
- ◆ Over-the-counter drugs such as pain relievers and eye drops

Dependent Care Assistance Program (DCAP)

All Commonwealth employees who work at least half time are eligible for this program. Pay for expenses up to

\$5,000 annually on a pre-tax basis for child care, after school programs, or day camp for your dependent child under age 13, or adult dependent day care expenses. Separate receipts from your dependent care provider will no longer be necessary. Instead, as you incur expenses, submit a claim form that includes your dependent care provider's signature certifying that he/she was paid; the plan administrator will deposit the reimbursement to your bank account or mail you a check.

Higher HCSA Maximum and Free Debit Card

Elect from a minimum \$500 to an increased maximum of \$3,000 for the calendar year. You will automatically receive a FREE debit card to conveniently pay for eligible expenses. The card works like a credit card – you don't enter a PIN – just sign the receipt and your transaction will be paid out of your HCSA account. Remember to save all receipts in case future validation of your claims is requested. Alternately, you may submit claims with your receipts; the plan administrator will deposit the reimbursement to your bank account if you enroll in direct deposit.

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Important Claims Processing Information For Current HCSA and DCAP Participants



If you are a current Health Care Spending Account (HCSA) and/or Dependent Care Assistance Program (DCAP) participant, please send all claims to Benefit Strategies, LLC beginning November 1, 2009. Claims through SHPS will no longer be processed after October 23, 2009 and, if you are a HCSA participant, you will no longer be able to use your SHPS debit card after this date.

Other important details:

- ◆ Effective November 1, 2009, begin using the Benefit Strategies claim form for all HCSA and DCAP claims. The form is on the forms section of the GIC's website and is also available through your Payroll Coordinator.
- ◆ Current HCSA participants will receive at the end of October a new MasterCard debit card for paying eligible HCSA expenses. You will be able to begin using this card on November 1, 2009, when all new cards are activated.
- ◆ The new Benefit Strategies HCSA MasterCard debit card

can be also used for any 2009 expenses during the 2 ½ month grace period in 2010 (until March 15, 2010) if you still have a remaining balance from 2009.

- ◆ If you re-enroll in HCSA or DCAP for 2010, claims will be applied to your remaining 2009 balance before deductions are taken from your 2010 deductions. This means you will no longer need to wait until the summer to "true-up" your balance!
- ◆ No HCSA or DCAP claims will be processed from October 24–October 31, 2009. Please submit any claims from this time period on November 1 or after to Benefit Strategies, LLC.

For additional information and assistance, contact Benefit Strategies toll-free at 1- 877-FLEXGIC (1-877-353-9442) or see the GIC's website: mass.gov/gic.

Exercising Aerobically and Strength Training Key to Maintaining and Losing Weight and Overall Health

Chances are high that you can stand to lose a little weight. In fact, more than one third of Americans are obese, which means they have a body mass index (BMI) of 30 or higher. Another 33% of U.S. adults are overweight (with a BMI of 25 and 29.9). Obesity accounts for 9.1 % of all medical spending in the United States, according to a July *Health Affairs* study. Applied to the GIC's FY10 budget, this translates into over \$120 million annually.

So how does one lose weight? Use more calories than you take in. One pound equals 3,500 calories; you must reduce your caloric intake by 500-1,000 calories per day to lose one to two pounds per week – the amount recommended by the Centers for Disease Control (CDC). Eating less food and healthier food is crucial to accomplishing weight loss. But, exercise is equally important and all adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain health benefits.

The CDC recommends that inactive people begin physical activity slowly, gradually increasing how often and how long the activities are done. If you have a chronic condition or symptom, always check with your doctor first before beginning any exercise to find out the appropriate activities for you.

The U.S. Department of Health and Human Services and CDC report that regular physical activity:

- ◆ Produces long term health benefits, reducing the risk of the following adverse health outcomes:
 - ◆ high blood pressure
 - ◆ risk for Type 2 diabetes, heart attack, stroke and several forms of cancer
 - ◆ arthritis pain and associated disability
 - ◆ risk for osteoporosis and falls
 - ◆ symptoms of depression and anxiety
- ◆ Provides additional benefits as the physical activity increases (intensity, frequency, and/or duration)
- ◆ Should incorporate both aerobic (endurance) and muscle-strengthening (resistance) physical activity

For even greater health benefits and weight loss, the amount of aerobic time should be increased. Aerobic activity makes you breathe faster, increases your heart rate, and makes you sweat. The talk test will help you determine whether or not you are performing moderate or vigorous aerobic activity. If you're doing moderate-intensity activity, you can talk, but not sing, during the activity. If you're doing vigorous-intensity activity, you will not be able to say more than a few words without taking a deep breath.

Moderate aerobic activity examples include:

- ◆ walking briskly
- ◆ water aerobics
- ◆ tennis (doubles)
- ◆ bicycling slower than 10 miles per hour
- ◆ general gardening

continued on next page

CDC Guidelines for Important Health Benefits

Complete the Following Activities Every Week

Option 1	Option 2	Option 3
2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity every week and	1 hour and 15 minutes (75 minutes) of vigorous-intensity activity every week and	An equivalent mix of moderate- and vigorous-intensity aerobic activity every week and
2 or more days a week of muscle-strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms)	2 or more days a week of muscle-strengthening activities that work all major muscle groups	2 or more days a week of muscle-strengthening activities that work all major muscle groups

Vigorous intensity aerobic activity examples include:

- ◆ race walking or running
- ◆ swimming laps
- ◆ tennis (singles)
- ◆ bicycling 10 miles per hour or faster
- ◆ jumping rope

Strength training at any age is both safe and beneficial, according to a July study by the Cochrane Collaboration, an international not-for-profit organization that provides information about the effects of health care. To gain health benefits, muscle-strengthening activities need to be done to the point where it's hard to do another repetition without help. Each exercise session should be hard enough so that you can only do three sets of 8 to 12 repetitions of the weight bearing lifts. Once the weight is not a challenge at that number of repetitions, increase to a heavier weight or more difficult resistance band.

Muscle strengthening activities can be done with your own weight (see photos), free weights, weight machines, resistance bands, and yoga. Kenny Lovetere, Certified Strength and Conditioning Specialist and National Strength and Conditioning-certified Personal Trainer at Caritas Health & Athletic Club in Norwood recommends that - whether it is weight lifting or aerobic activity - you use multiple joints and muscles operating at the same time to maximize the workout. Examples of these types of exercises include squats, with or without weights, push ups, and lunges with weights. Resistance bands and dumbbells can be purchased inexpensively at sporting goods stores and some off-price retailers, but it's important to get instructions on proper form to avoid injury. Certified trainers at your local recreational facility, YMCA or gym can tailor an appropriate routine to your ability and show you the correct form. Trainers can also help motivate you to exercise and stick to a program. Check with your local recreation center for affordable yoga and other resistance training classes. Many of the GIC's health plans offer discounts or rebates for certain exercise programs; contact your plan for details. Exercise books and DVDs can also be helpful.

Physical activity guidelines for older adults and those with chronic medical conditions, as well as a step-by-step guide to help you on the road to weight loss and better health, can be found on the CDC's website: www.cdc.gov/healthyweight/index.html. **The bottom line – for the good of your health and well being, physical activity combining aerobic activity and strength training should be included in your daily schedule.**

Resistance Exercises Using Your Own Weight



Kathy Lever, Fitness Instructor at Caritas Health & Athletic Club, demonstrates the proper starting and ending positions

for a squat without weights. Note that her hips are shoulder width apart and her feet are slightly angled outward.



Ms. Jillian Devine, Fitness Director, and NSC-certified personal trainer at Caritas Health & Athletic Club in Norwood, demonstrates the proper starting and ending positions for a pushup.



Joe Sheehan, age 53, an attorney with the Massachusetts Securities Division, makes time in his schedule for exercise.



His workouts include a variety of aerobic and resistance training exercises including yoga, stability ball, resistance bands, weightlifting, stair master, and Pilates. Mr. Sheehan, who is a Fitness Education Network-certified yoga instructor, demonstrates proper alignment for a plank, which uses multiple muscle groups and effectively improves core abdominal and back strength.

Why Spend Hours Waiting in the ER When It's Not an Emergency?

By Paul Mendis, M.D., Chief Medical Officer, Neighborhood Health Plan

Everyone is concerned about health care costs and quality. Part of controlling rising health care costs is making sure care is delivered in the least intensive setting possible. Your primary care provider's (PCP) medical practice, Community Health Centers, or an Urgent Care center should be the first stop for minor acute illnesses.

Cost, Convenience and Quality

A sore throat, rash, fever, nausea, diarrhea, headache, or knee pain usually represents the kind of minor acute ailment that should be assessed in your PCP's office, one of the least intensive health care settings available to you. The ER, on the other hand, is one of the most intensive health care settings and often more intense than is needed for any of these conditions.

Costs associated with an ER visit include your copayment, which is higher than you pay at your PCP's office. Also, the cost to your health plan is at least two or three times greater for an ER visit. These costs contribute to rising health care costs so only use the ER when it is truly necessary.

There are other benefits to seeing your PCP or Urgent

Care center including convenience and quality. It is usually more convenient for you to be seen by your PCP since you can make an appointment for your care. And seeing someone who is familiar with you and your health care needs makes it easier for you to explain your concerns. Quality of care is rooted in the continuity of care. Your PCP will have your complete medical history. Therefore, tests aren't repeated unnecessarily and he or she will know what medications you take before prescribing anything new and can determine if the issue is linked to something in your medical history. This reduces chances of a medical error, which can cause injuries and create extra expense.



Better Access to Urgent Care

Some medical practices, like Community Health Centers, have expanded hours of operation, hire telephonic triage nurses, and extend normal hours for urgent care. The next time a minor acute illness arises, think about visiting your PCP's office or Urgent Care center first.

Paul Mendis, MD, has served as Chief Medical Officer for Neighborhood Health Plan since 2002. He is responsible for NHP's care management, disease management, behavioral health, pharmacy and special populations programs.

Flexible Spending Account Open Enrollment *continued from page 3*

Fee Reduced!

The monthly administrative pre-tax fee for HCSA and/or DCAP will drop to \$3.60 effective January 1, 2010, a 4% reduction from the 2009 fee.

New Vendor

The GIC has selected Benefit Strategies as the new vendor for the HCSA and DCAP programs effective November 1, 2009. (Current participants: see article on page 3 for information on processing claims after October 23, 2009.) Benefit Strategies, based in Manchester, New Hampshire, has administered pre-tax programs for 20 years and serves more than 1,100 organizations.

Estimate Your Election Carefully

Be sure to estimate your annual election amount carefully.

IRS rules require that any unused funds in a participant's account be forfeited. However, you have a 2 ½ month grace period after the plan year ends (March 15, 2010 for current participants) to incur expenses and submit claims for reimbursement. Of course, you must have a balance remaining to receive these reimbursements.

Enrollment and Additional Information

Be sure to enroll no later than Friday, November 13 to save money on your taxes in 2010. For additional details, contact Benefit Strategies toll-free at 1- 877-FLEXGIC (1- 877-353-9442) or see the GIC's website: www.mass.gov/gic. Enrollment forms are on the GIC's website and available from your Payroll Coordinator. Current participants will receive instructions mailed to their home on how to re-enroll online.

Keep In Mind...

Address Changes

Stay current on your benefits by keeping your address up-to-date. The U.S. Post Office requires the GIC to periodically update our mailing list against their database. Therefore, your address may revert back to your old address if you only update it with the GIC. Be sure to take the following steps to be sure you receive important GIC updates:

- ◆ Visit your local post office, or go to the U.S. Postal Service website (www.usps.gov) to submit an address change.
- ◆ Employees – also advise the GIC Coordinator in your benefits office of an address change; your Coordinator will give you a form to complete and return.
- ◆ Retirees – also write to the GIC requesting the change. Be sure to include your name, GIC Identification Number (usually your Social Security Number), telephone number, date and signature.

Student Dependents

Is your student dependent going to college this fall? Has your dependent's (age 19 and over) status changed? Remember to complete and return to the GIC a *Dependent Age 19 and Over Application for Coverage* **each time** your dependent's status changes. Failure to notify the GIC of a change in your dependent's status could result in loss of coverage. The form is available on the GIC's website and through the GIC Coordinator in your benefits office.

Legal Separation, Divorce and Remarriage

You must notify the GIC if you become legally separated, divorce, or you or your former spouse remarry. Send the GIC a letter with your name, GIC identification number (usually your Social Security Number), address, signature, and your former spouse's last known home address. Include a copy of the following sections of your legal separation agreement or divorce agreement, as the case may be: page with the "divorce absolute" date (the date your divorce became final), the health insurance provisions, and signature pages.

If you fail to report a divorce, legal separation, or remarriage, your health plan and the GIC has the right to seek recovery of health claims paid or premiums owed for your former spouse.

Answers to other frequently asked questions can be found on the GIC's website: www.mass.gov/gic.

GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care <i>Neighborhood Health Plan</i>	1-800-462-5449 www.nhp.org
Navigator by Tufts Health Plan Mental Health/Substance Abuse and EAP (United Behavioral Health - UBH)	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan/ Basic, Community Choice, Medicare Extension (OME), and PLUS Prescription Drugs (Express Scripts)	1-800-442-9300 www.unicarestatplan.com 1-877-828-9744 www.express-scripts.com
Mental Health/Substance Abuse and EAP (United Behavioral Health - UBH)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

Other Benefits for State Enrollees

Life Insurance and AD&D (The Hartford)	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) (Unum)	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors (United Behavioral Health)	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) SHPS (through 10/31/09) Benefit Strategies (effective 11/1/09)	1-866-862-2422 1-877-FLEXGIC www.mass.gov/gic
GIC Retiree Vision Discount Plan (Davis Vision)	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan (MetLife)	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff (MetLife)	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff (Davis Vision)	1-800-650-2466 www.davisvision.com

Other Resources

Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA)
Medicare (Federal Program)	1-800-633-4227 www.medicare.gov
Social Security Administration (Federal Program)	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Cynthia McGrath, Editor

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Weigh Hospital Options Before Admission

If you are planning an inpatient hospital admission, talk with your doctor about your hospital options. In keeping with the GIC's Clinical Performance Improvement Initiative, several of the GIC's employee/non-Medicare health plans now tier hospitals based on quality and cost. The corresponding hospital copays can vary as much as \$500. Members pay lower inpatient hospital copays/deductibles when they use Tier 1, and, in some plans, Tier 2, hospitals. Other non-Medicare health plans have a selective network of hospitals, and you want to be sure your hospital is in the network to have the lowest out-of-pocket costs:

Inpatient hospital copays for tiered hospital plans:

- ◆ Harvard Pilgrim Independence Plan: Tier 1 \$250, Tier 2 \$500 and Tier 3 \$750
- ◆ Navigator by Tufts Health Plan: Tier 1 \$300 and Tier 2 \$700
- ◆ UniCare State Indemnity Plan PLUS: Tier 1 \$250, Tier 2 \$500 and Tier 3 \$750



Hospital copays are limited to four per person per calendar year or one per person per calendar year quarter for deductibles. The copay or deductible is waived if you are readmitted within 30 days in the same calendar year. All other non-Medicare plan PPO and HMOs have selective hospital networks. Members of these plans should contact their health plan to make sure that the hospital they would use is in the network. The UniCare State Indemnity Plan/Basic is a non-network plan and all hospitals across the country have the same deductible.

If you are a member of a tiered hospital network plan and are admitted on an emergency basis to a higher tier hospital, you may not be subject to the highest copay. Contact your health plan for details (*see page 7 for contact information*).